2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
08-10-2000 90007 029 ****61.25

DOCUMENT # N99000000952

1. Entity Name

FLORIDA ACADEMY OF COSMETIC SURGERY, INC.

Principal Place of Business	Mailing Address
832 NW 57TH ST. GAINESVILLE FL 32605	832 NW 57TH ST. GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
349 N. U.S. HWY. 27 Suite, Apt. #, etc.	349 N. U.S. HWY 27 Suite, Apt. #, etc.
City & State: CLERMONT, FLORIDA	City & State: CLERMONT, FLORIDA
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. FEI Number: 59-3544469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANGL, KURT S 3900 CLARK RD., UNITE E1 SARASOTA FL 34233	Name: DAVID L. ALLYN, M.D. Street Address (P.O. Box Number is Not Acceptable): 349 N. U.S. HWY. 27 City: CLERMONT FL Zip Code: 34711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE X _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAPER, CHARLES E 832 NW 57TH ST. GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President PD Graper, Charles E. 832 NW 57th St. Gainesville, FL 32605	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, R. GREGORY 3201 SAWGRASS VILLAGE CIR. PONTE VERDE BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President PD Smith, R. Gregory 3201 Sawgrass Village Circle Ponte Verde Bch, FL 32082	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHLESINGER, IRA 4600 LINTON BLVD., SUITE O-500 DELRAY BCH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARMAND, LUCIEN 2589 N. STATE RD. 7 LAUDERHILL, FL 33313	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DANGL, KURT S 3900 CLARK RD., UNIT E-1 SARASOTA FL 34233	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVID L. ALLYN 349 N. U.S. HWY. 27 CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David L. Allyn M.D. 8-1-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #